



2020 CITIZENS ACADEMY REGISTRATION FORM

Name: _____

Address: _____

E-mail _____ Phone: _____

Occupation: _____

Interest in attending the Citizens Academy:

1. Will you be able to attend at least 4 of the 5 classes? Yes / No

Class Schedule: 6:30- 8 pm on the following 2020 dates: 2/5, 2/26, 3/11, 4/8, 4/29

2. How did you hear about the Citizens Academy? (Circle One)

Town Hall News City Facebook Page City Website Other: _____

3. Are you a City of Lebanon resident? Yes / No

4. Do you own/operate a business in the city limits? Yes / No

Applicants for the Citizens Academy must be a City of Lebanon resident or a business operator/owner.

Please return this form to: City of Lebanon, Assistant to the City Manager, 50 South Broadway, Lebanon, OH 45036 or email to kgraves@lebanonohio.gov.

Contact: Karen Graves at kgraves@lebanonohio.gov or 513-228-3110